

## THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	) Mail Stop
Hadi Partovi et al.	) Group Art Unit: 2645
Application No.: 09/621,715	) Examiner: O. Anwah
Filed: July 24, 2000	)
For: A VOICE AND TELEPHONE KEYPAD BASED DATA ENTRY METHOD FOR INTERACTING WITH VOICE INFORMATION SERVICES	) ) ) )

## NOTIFICATION OF LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS

U.S. Patent and Trademark Office Customer Service Window, Mail Stop Randolph Building 401 Dulany Street Alexandria, VA 22314

Sir:

In accordance with 37 C.F.R. § 1.27(g)(2), notification of loss of entitlement to small entity status is hereby provided.

Respectfully submitted,

HARRITY SNYDER, L.L.P.

Reg. No. 41,428

11350 Random Hills Road Suite 600 Fairfax, Virginia 22030 (571) 432-0800

Customer Number: 58563 Date: December 30, 2005



## N THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re	Patent A	Application of )	Mail Stop Amendment			
Hadi	Partovi	et al.	Group Art Unit: 2645			
Appli	ication l	No.: 09/621,715	Examiner: O. Anwah			
Filed	: July 2	4, 2000				
For:	KEYP. METH	ICE AND TELEPHONE ) AD BASED DATA ENTRY ) IOD FOR INTERACTING ) VOICE INFORMATION ) ICES )				
		AMENDMENT/REPLY TI	RANSMITTAL LETTER			
Custo Rando 401 D	mer Ser olph Bui Julany S	•	nt			
Sir:						
	Enclos	sed is a reply for the above-identified	patent application.			
	$\boxtimes$	A Petition for Extension of Time is	also enclosed.			
		A Terminal Disclaimer and a check for \$\square\$ \$65.00 \$\square\$ \$130.00 to cover the requisite Government fee are also enclosed.				
	$\boxtimes$	A Request for Continued Examination under 37 C.F.R. § 1.114 is enclosed.				
		A request for Entry and Considerati is also enclosed.	on of Submission under 37 C.F.R. § 1.129(a)			

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An additional claim fee is required, and is calculated as shown below:

	No. of Claims	Highest No. Of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total	25	Minus 20	5	x \$50.00 =	\$250.00
Claims					
Ind.	4	Minus 3	1	x \$200.00 =	\$200.00
Claims					
If Amenda	nent adds mul	tiple dependent cla	ims, add \$360	0.00	
Total Amendment Fee					\$450.00
If Small en	tity status is o	claimed, subtract 50	0% of Total A	mendment Fee	
TOTAL A	DDITIONA	L FEE DUE FOR	THIS AMEN	IDMENT	\$450.00

$\boxtimes$	A claim fee in the	e amount of \$ 450.00 is enclosed.	
	Charge \$	to Deposit Account no.	

To the extent necessary, a petition for an extension of time under 37 C.F.R. § 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 50-1070 and please credit any excess fees to such deposit account.

The Commissioner is hereby authorized to charge any other appropriate fees that may be required by this paper that are not accounted for above, and to credit any overpayment, to Deposit Account No. 50-1070.

Respectfully submitted,

HARRITY SNYDER, L.L.P.

By:

Glenn Snyder Reg. No. 41,428

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Customer Number: 58563

Date: December 30, 2005